AM-217-3-1

M Notification of Overpayment

(Memo to the Employee)

All notifications must include this information:		
Employee's Name:	Date:	
Payroll Department and Location:	SSN:	
overpaid on pay period(s) ending	ral Payroll Division (CPD), we have determined that you were The reason for the overpayment . The total taxable amount of the overpayment is	
1) If the person is a non-permanen	t worker paid on an hourly basis:	
Following City policy, AM-217-3, the overpayment will be recovered by: ☐ Repayment of the net amount of \$ by personal check payable to the Director of Finance. ☐ Recovery of the full amount from your next pay(s).		
You have five (5) business days to notify CPD in writing if you wish to contest the validity of the overpayment calculation. You must provide an explanation and documentation to substantiate your claim.		
Please check above as appropriate and sign on the next page to acknowledge this notification.		
•	ployee who was overpaid by 5% or less (but not more than ekly gross salary or average regular earnings:	
1 1 1	(5) % or less (but not more than \$100) of your weekly or alar earnings, the overpayment will be deducted from your pay	
You have five (5) business days to notify CPD in writing if you wish to contest the validity of the overpayment calculation. You must provide an explanation and documentation to substantiate your claim.		

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Please sign on the next page to acknowledge this notification.

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3)	If the person is a permanent employee who was overpaid by more than 5% or more than
	\$100 of his/her weekly or biweekly gross salary or average regular earnings:

The following repayment options are available to you: You may return the erroneous check, and CPD staff will issue the appropriate replacement check (usually within one business day).		
☐ You may reimburse the net amount (\$ payable to the Director of Finance.) of the overpayment by personal check made	
☐ You may agree to the recovery of the over next pay.	payment in full by payroll deduction from your	
☐ You may request a repayment plan by pay deduction is \$	roll deduction – the minimum amount of the	
Please <u>check above</u> as appropriate and <u>sign below</u> to acknowledge this notification.		
You have five (5) business days to notify your agree validity of the overpayment calculation. You must substantiate your claim.	ency and CPD in writing if you wish to contest the t provide an explanation and documentation to	
If, after five (5) business days, CPD has not receive election form, the uncashed erroneous paycheck, of the overpayment, CPD will proceed with recovericumstance will be made from all subsequent payoverpayment is fully satisfied.	or an employee's personal check for the net amount very via payroll deduction. Recovery in this	
Upon collection of overpayments, CPD staff will correct year-to-date records as necessary.		
Employee's Signature:	Date:	

Original to Employee Employee's File CPD Copy

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